

AMENDMENT
MERIT PROMOTION
VACANCY ANNOUNCEMENT

ABERDEEN AREA INDIAN HEALTH SERVICE
DIVISION OF PERSONNEL MANAGEMENT
FEDERAL BUILDING, RM. 309, 115-4TH AVENUE S.E.
ABERDEEN, SOUTH DAKOTA 57401

ABERDEEN AREA IHS IS A SMOKE FREE ENVIRONMENT

September 12, 2006

THIS IS TO AMEND POVN# NP-06-0167-RB-MPP-A DATED SEPT. 7, 2006
TO CORRECT THE FOLLOWING: APPOINTMENT: XX NOT TO EXCEED
WORK SCHEDULE: XX May include weekends and/or evenings

POSITION: Custodial Worker
(RB236T)

LOCATION: PHS Indian Hospital
Housekeeping Department
Rosebud, South Dakota

SALARY: WG-3566-2, \$10.31 Per Hour

VACANCY NUMBER: NP-06-0167-RB-MPP-A1

OPENING DATE: September 6, 2006

CLOSING DATE: September 26, 2006

Applications and related documents must be received at the above address by **5:00 p.m.** on the closing date of this announcement. For information contact **DORIS BYINGTON** at (605) 226-7399. All applications are subject to retention; no requests for copies will be honored. Applications can be faxed to 605/226-7668, **(NOT RESPONSIBLE FOR UNSUCCESSFUL TRANSMISSIONS)**. Applications by e-mail will be accepted. It is the responsibility of the applicant to submit a complete application.

E-MAIL TO: doris.byington@ihs.gov

APPOINTMENT:

~~XX Permanent~~
XX Not-To-Exceed The applicant selected for this position may be appointed to either a one year appointment or an appointment in excess of one year, depending on the status of the applicant.

WORK SCHEDULE:

XX Full-Time
___ Part-Time
___ Intermittent
XX May include weekends and/or evenings

AREA OF CONSIDERATION:

XX IHS-Wide
___ DHHS-Wide

MOVING: Travel may be paid provided all legal and regulatory requirements and travel regulations are met.

CONDITIONS OF EMPLOYMENT:

ON-CALL ___ YES XX NO *call-back duty is defined as irregular or occasional work performed by an employee on a day when the work was not scheduled for the employee. This will require the employee to return to his/her place of employment within the specified timeframes.

**** All applicants are required to complete the attached "Declaration for Federal Employment (OF-306)" form to determine eligibility for federal employment.**

- **Must provide AVERAGE HOURS WORKED PER WEEK on application.**
- Applicants applying for the position may be required to be immunized, for measles and rubella, if he or she provides services or has contact with patients at the service units. Persons born before 1957 are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of a vaccine or have a history of severe reaction to a vaccine or who are currently pregnant.

GRADE POTENTIAL: XX NO ___ YES to grade(s) GS-

SUPERVISORY/MANAGERIAL: XX NO ___ YES

*May require one year probation

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S.C. CODE, SECTION 472 AND 473). THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER. THE INDIAN HEALTH SERVICE HAS A ZERO TOLERANCE SEXUAL HARASSMENT POLICY, IHS CIRCULAR NO. 95-11, IN PLACE WHICH IT DISSEMINATES TO ITS EMPLOYEES.

WHO MAY APPLY FOR PERMANENT POSITIONS: (1) Federal employees occupying a permanent position who have competitive civil service status or those who acquired comparable status as a result of serving in an IHS excepted service position on an Excepted appointment; (2) Indian Preference eligibles occupying a temporary position or unemployed; (3) Other sources, e.g., positions covered by severely handicapped; Reinstatement eligibles, etc; (4) Current permanent employees with Indian Preference may also apply under the provisions of the Indian Health Service Excepted Service Examining Plan. Applicants must indicate on their application whether they are applying under the Merit Promotion Plan, Excepted Service Examining Plan, or both. Current IHS employees and those applicants eligible for reinstatement or transfer who do not indicate which procedures they are applying under will be considered under merit promotion only. "Veterans who are preference eligibles or who have been separated from the armed forces under honorable conditions after 3 years or more

of continuous active service may apply.”

DUTIES AND RESPONSIBILITIES: Uses germicidal detergents to disinfect assigned areas, including surgery area. Scrubs, strips, waxes and polishes floors using heavy industrial type machinery. Cleans, disinfects patient rooms, exam rooms, labs, pharmacy, dental areas as well as bathrooms, drinking fountains and all other public use areas. Dusts all horizontal surfaces in order to maintain a dust-free environment. Cleans Venetian blinds, washes walls, windows (both inside and outside), ceiling fixtures and room partitions, using ladders and scaffolds. Vacuums and shampoos carpets and upholstered furniture using heavy industrial type equipment. Moves heavy furniture, supplies, and equipment. Adjusts, cleans and generally maintains all cleaning equipment: i.e., changes buff pads, rollers and other attachments; wipes down vacuum cleaners and shampoos; washes out buckets after use, stores equipment properly, etc. Maintains a stock of cleaning supplies and equipment to perform duties. Collects biohazardous and non-hazardous waste material and properly disposes of same. Performs additional duties which may be required by supervisor/foreman.

QUALIFICATION REQUIREMENTS: Candidate must meet qualification standards as specified in **OPM Operating Manual** (Qualification Standards for General Schedule Positions) and/or the Excepted Service Qualification Standard:

Applicants for the position covered by this rating scheduled must provide information concerning their experience and/or training related to the following job elements (see attached Supplemental Experience): **Failure to submit the supplemental questionnaire will result in not being considered for the position.**

- A. Ability to do the work of the position without more than normal supervision.
- B. Work practices.
- C. Ability to follow directions.
- D. Ability to use tools and equipment.
- E. Ability to work quickly and safely.

EXCEPTED SERVICE QUALIFICATION REQUIREMENTS: Same as above.

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements. Applicants who meet the basic qualification requirements and selective factors described in this announcement will be further evaluated by determining the extent to which their work or related experience, education, training, awards, outside activities, and performance appraisal, etc., indicate they possess the knowledge, skills, and abilities described below. All applicants should provide clear, concise examples that show level of accomplishment or degree to which they possess the KSA's either on their application/resume or as a separate attachment. The information provided will be used to determine the “best qualified” candidates.

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the closing date of the vacancy announcement, if applicable.

HOW TO APPLY: Applicants must submit their applications to the Aberdeen Area Indian Health Service, Division of Personnel Management, Federal Building, RM. 309, 115-4th Avenue, S.E., Aberdeen, South Dakota 57401. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

All applicants **MUST** submit the OF-306 Form (Declaration for Federal Employment).

1. Applicants may submit ONE of the following: a) OF-612, Optional Application for Federal Employment; b) Resume; or c) any other written application format.
2. Current Performance Rating, if available.
3. Applicants claiming Indian Preference **MUST** submit along with their application, FORM BIA-4432, Verification of Indian Preference. **BIA FORM-4432 IS THE ONLY FORM OUR OFFICE WILL ACCEPT.** Current IHS employees of Aberdeen and Bemidji Areas need only indicate on their application that verification is on file in their Official Personnel Folder (OPF).
4. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
5. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
6. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10-point preference. Veteran's Preference is not applicable to current permanent employees with the Department of Health and Human Services, Federal employees with competitive status or reinstatement eligibles unless you are eligible for Indian Preference and wish to be considered for the Excepted Service. **No preference will be allowed unless a copy of the DD-214 is attached to the application.**

EMPLOYMENT OF PEOPLE WITH DISABILITIES:

IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

APPLICATION INSTRUCTIONS FOR PUBLIC HEALTH SERVICE COMMISSIONED CORPS CANDIDATES: Applicants should submit the following:

1. Copy of resume or curriculum vitae showing work experience, dates of employment, names and addresses of supervisors, include any education and other information reflecting individual qualifications for consideration.

Commissioned Corp Applicants claiming Indian Preference must submit BIA form 4432 and will be evaluated against existing applicable standards.

INFORMATION REQUIRED ON RESUMES AND OTHER APPLICATION FORMATS: Resumes or other application formats must contain

all of the information listed below in sufficient detail to enable the Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed below may result in loss of consideration for this position. This office will not solicit additional information.**

- a. Announcement Number, Title, and Grade of the job for which you are applying.
- b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
- c. Social Security Number
- d. Country of citizenship
- e. Veteran's preference
- f. Highest Federal Civilian Grade held (give job series and dates held).
- g. High School - Name, City, State (with zip code), and date of diploma or GED.
- h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
- i. Work experience (paid/non-paid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time you spent doing each*), employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
- j. Indicate if we may contact your current and/or former supervisor.
- k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

DO NOT SUBMIT POSITION DESCRIPTIONS. All applications must be signed and dated. All material submitted for consideration under this announcement becomes the property of the Division of Personnel Management and is subject to verification. Careful consideration should be given to the information provided; fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment. If position is **RE-ANNOUNCED**, please call the Division of Personnel Management as to status of application.

INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation etc.).
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).

If you are a displaced federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
 - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
 1. Received a specific RIF separation notice; or
 2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or
 3. Retired with a disability and shows disability annuity has been or is being terminated; or
 4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
 5. Retired under the discontinued service retirement option; or
 6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.
 - B. Former Military Reserve or National Guard Technicians who are receiving a Special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date & meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.

SUPPLEMENTAL EXPERIENCE STATEMENT FOR CUSTODIAL WORKER POSITIONS

Below you will find a questionnaire, which you are requested to complete as part of your application for this position. Answer all the questions as best you can. It will be to your advantage to give as much information as possible about your ability to do this work. Be sure to include any and all custodial work such as military services; volunteer or unpaid work, such as in clubs, churches, community service work, etc.

This office may verify statements concerning Qualifications. Exaggerations or Mis-statements may be cause for your disqualification or later removal from the federal service

A. Ability to do the work of the Position without more than Normal Supervision:

What is the longest length of time you have worked for one person or company?

☐ More that 2 years ☐ Less than 6 months ☐ More than 6 months
☐ More than 1 year ☐ Never been employed
☐ Only on summer jobs while in school

In the last twelve (12) months, how many times were you absent from work or school when you were supposed to be there?

How many times were you late to work or school in the last twelve (12) months?

Have you been fired within the last five (5) years for doing poor work or for not working when you should have been? ☐ YES ☐ NO

What was the highest grade of school you completed? _____

If you were a recent student, what was your grade average? _____ Upper ½ of class _____ Lower ½ of class

B: Work Practices:

Check all the jobs you have held either part-time or full-time.

<input type="checkbox"/> Paper Boy	<input type="checkbox"/> Mowed Lawns	<input type="checkbox"/> Laundry Worker
<input type="checkbox"/> Shop Helper	<input type="checkbox"/> Shop Helper	<input type="checkbox"/> Produce Attendant
<input type="checkbox"/> Bus Boy or	<input type="checkbox"/> Stock Boy	<input type="checkbox"/> Janitorial Worker
<input type="checkbox"/> Kitchen Helper	<input type="checkbox"/> Service Station	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Attendant	<input type="checkbox"/> Other: _____

Have you ever been complimented by your boss on being a good worker or on being a superior worker? ☐ YES ☐ NO If yes, for what were you being complimented? _____

What jobs have you held where you had to keep a building clean, neat and in order and what type of building was it: hospital, store, school, etc.? _____

C. Ability to Follow Directions:

Are you able to read and write English? ☐ YES ☐ NO

Did you fill out this application yourself? ☐ YES ☐ NO

If no, who helped you? _____

On the jobs you held, did you ever have to follow written directions in manuals, books, or signs or notes from your boss? ☐ YES ☐ NO

If Yes, on what jobs? _____

Have you ever had a job where you told other employees what work was to be done? ☐ YES ☐ NO. If yes, on what jobs?

Have you ever had to follow orders that are always changing? Explain.

D. Ability to Use Tools and Equipment:

Name the type of tools and equipment you have used for cleaning floors, walls, windows, restrooms, etc.

Have you used moving equipment such as trucks, dollies, or similar equipment? If yes, tell what equipment you have use.

Did you ever repair or adjust equipment on the job, such as changing belts, and brushes, adjusting handles, oiling, cleaning, and adjusting? If yes, what did you do?

Have you ever used or operated any other equipment, like lawn mowers, lawn tractors, laundry or food processing equipment? If yes, tell what kind.

Have you ever instructed others in the use of floor buffers, wall washers, and the use of cleaning supplies and floor strippers? If yes, tell what equipment you used on what jobs.

E. Ability to wok quickly and safely:

Have you had any training for the kind of work for which you are applying?

___YES ___NO. If yes, what kind of training?

___Vocational high school ___Job Corps ___Manpower Development

___On-the-job Training ___Welfare Training Center

___Other, (Explain) _____

Can you lift and carry a Five (5) gallon pale full of water? ___Yes ___NO

Can you move furniture ___YES ___NO

Have you carried object weighing 50 pounds or more? ___YES ___NO

Did you ever have to stand all day? ___YES ___NO

Where? (Explain) _____

Describe any safety training you have received on jobs you have held.

Have you ever given safety training to other employees? On what jobs?

Have you ever been injured in an accident on the job? If yes, describe the accident or accidents and tell if any were lost-time.

CERTIFICATION

I CERTIFY that all of the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Please sign here: _____ **Date** _____

Print Name Here: _____

Declaration for Federal Employment

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

5 U.S.C.
1302, 3301, 3304, 3328 &
8716

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. Full Name (First, middle, last) •	2. Social Security Number •
3. Place of Birth (Include city and state or country) •	4. Date of Birth (MM/DD/YYYY) •
5. Other Names Ever Used (For example, maiden name, nickname, etc) • •	6. Phone Numbers (Include area codes) Day • Night •

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO If "NO" go to 7c.
7c. If "NO", describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military ☐ YES *Provide information below* ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From	To	Type of Discharge
	MM/DD/YYYY	MM/DD/YYYY	

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

YES	NO

10. Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*

YES	NO

11. Are you now under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

YES	NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*

YES	NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*

YES	NO

Declaration for Federal Employment

0182

Form Approved: OMB No. 3206-

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*

YES	NO
YES	NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications/Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Appointee's Signature: _____ Date: _____
(Sign in ink)

17b. Applicant's Signature: _____ Date: _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? _____ YES _____ NO _____ Don't Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. _____ YES _____ NO _____ Don't Know